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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

ZEUN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## ROBERTO E NUNEZ

Name of Person

ZEUN, LLC

Firm/Company

## **7910 NW 169TH TERRACE**

Address

# MIAMI LAKES FL 33016

City/State and Zip Code

## INFO@ARSTAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# **ROBERTO E NUNEZ**

,786,975-6523

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Zeun LLC		
(Name of the Limited Lia)	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
(A Pior	rida Cimiled Elability Company)		
The Articles of Organization for this Limited Liabili		04/23/2012	and assigned
Florida document numberL12000054197	<u>7</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	uny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	×		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			•
		_	
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter t</u>	<b>⊼</b> ., →
			2 <b>2</b>
Name of New Registered Agent:			
New Registered Office Address:			SAX 7
	En	ter Florida street add	TENT E G
_	City	, Florida	OF COM
	Cuy		Sis Come

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Yawekege, Corp	1031 E 8th Ave. Hialeah, FL 33010	Add Remove
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	_
		·	_
Dated	August 28		
	Signature		
		Managing Member	
		Typed or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00